



Georgia Board of Nursing
Professional Licensing Boards Division
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INFORMATION SHEET FOR LICENSURE BY EXAMINATION

GRADUATES OF INTERNATIONAL NURSING EDUCATION PROGRAMS

Jurisdictions – The National Council Licensure Examination for Registered Nurses (NCLEX-RN) jurisdictions include the following: All 50 American States; American Samoa; District of Columbia; Guam; North Mariana Islands; Puerto Rico and the Virgin Islands.

CATHY COX
SECRETARY OF STATE

MOLLIE FLEEMAN
DIVISION DIRECTOR

SANDY BOND
EXECUTIVE DIRECTOR

RN Application for Licensure: General Information

Read these instructions prior to completing the application. Failure to read and follow instructions may cause unnecessary delays in processing the application.

- A. **Applicants** – Applicants include international graduates who are first-time writers of the NCLEX-RN in Georgia; or repeat writers who wrote in another jurisdiction(s) and **who are applying in Georgia for the first time**, or applicants who are registered nurses in Puerto Rico and who have passed only the Spanish examination. **Please note that the Georgia Board of Nursing limits the period of eligibility to THREE (3) years from the first date on which the NCLEX-RN was written in any U.S. jurisdiction.** Registered nurses who passed all parts of the State Board Test Pool Examination (SBTPE) which was offered in eight of the ten Canadian provinces until 1970, may be eligible for endorsement. Registered nurses who passed the Canadian Nurses Association Test Service (CNATS or CRNE) examination must pass the NCLEX-RN.

Since this is an application for licensure as a registered nurse, it must be filed by the individual applicant. *The Board of Nursing* does not recognize a power of attorney for this process. The application forms must not be altered. Faxed applications will not be accepted.

If an applicant has a disability, which requires accommodation, please contact the Board of Nursing to obtain the Request for Disability Accommodation Guidelines.

- B. **Licensing Process** – The application package includes the *Georgia Board of Nursing* Application for Licensure by Examination and NCLEX-RN Candidate Bulletin. The Board of Nursing application remains current for one (1) year, after which a new application and fee must be submitted. Supporting documents, which are not subject to change, do not need to be resubmitted.

The sequence in which you apply for licensure and register with the test service matters. As of October 1, 2001, registration with the test service **may** be effective for only six (6) months after which you will need to re-register and pay the fee again. Please consider not registering until the Board of Nursing has notified you of your approval. At that point, the Board of Nursing will notify the test service that you are eligible. The test service will send you an Authorization to Test (ATT) which is effective for six (6) months.

When you receive your Authorization to Test from the test service, you may schedule the date, time and location for the NCLEX-RN. Since the NCLEX-RN is administered year round in many sites, there are no

longer any deadlines. If you are applying to be licensed in Georgia, you may take the NCLEX-RN at any site, whether it is in Georgia or not.

- C. **Fee** – The completed application for licensure by examination with the required, nonrefundable fee of \$40.00 (U.S.Funds) in the form of a cashier's check, certified check, or money order, made payable to the Georgia Board of Nursing, must be submitted to the Georgia Board of Nursing. **PERSONAL CHECKS ARE NOT ACCEPTED.**
- D. **Eligibility** - You may take the NCLEX-RN over a three-year period from the date on which the original eligibility was determined by the Georgia Board of Nursing. Applicants may take the NCLEX-RN up to four (4) times in a given calendar year. The Board does not issue a temporary permit for practice as a Graduate Nurse. **If your travel plans are contingent upon your eligibility, please bear this in mind prior to making final arrangements.**
- E. Answer all questions. If you leave any spaces blank it may delay the processing of your application. A non-applicable question should be indicated as such.

Line-by- Line Instructions for Application by Examination

- 1. **Legal Name** -Your name must be consistent on this application. Your signature must match the first, middle, and last name. If you are male, please indicate N/A for the Maiden Name. **If your name changes during the application process, you must request the name change in writing addressed to the Application Specialist and provide the appropriate legal documents to support the change.**
- 2. **Other Names Previously Used** - If you have used any other names, please indicate **any and all names** used previously.
- 3. **U.S. Social Security No.** – This information is authorized to be obtained and disclosed to state and federal agencies by the Georgia Child Support Recovery Act, OCGA §§ 19-11-1 et seq., OCGA § 20-3-295 (regarding student loan defaults, the Child Support Enforcement Act, 42 USC §651 et seq. and the Higher Education Act of 1965, 20 USCA § 1001 et seq.). If you do not have a U.S. Social Security Number, please send a copy of the social security card when a number has been issued to you, and record your RN license number on the copy of social security card.
- 4. **Date of Birth** - Please put in “month/day/year” format. All supporting documents should reflect the same date of birth. If they do not, send a certified copy of your birth certificate.
- 5. **Residential Address** - A residential address **is required** for all licensees, if different from your mailing address. You **may not provide** a P.O. Box for the residential address.
- 6. **Mailing Address** – Please provide a complete address. If you provide a P.O. Box mailing address, you must also supply a residential address. Correspondence, the Authorization to Test, NCLEX-RN results and license will be sent to this address unless written notification of a change of address is received in the Board office. If you are granted a license, your name, mailing address and license number are public information and will be accessible on the Secretary of State website for purposes of licensure verification. This address is also used for sending renewal notices or other official notices. **You are statutorily required to notify the Georgia Board of Nursing in writing of an address change within 30 days. Failure to do so will result in you not receiving a renewal notice, or other official notices. Sending a notice to the Postal Service will not fulfill this legal requirement.**
- 7. **Telephone** - It is especially imperative that this information remain current during your entire application process. Please indicate N/A for any blanks that are not applicable.

8. **E-mail/Fax Number** - If you do not have an e-mail address or fax number, please indicate N/A. If you do, you may register at the Georgia Board of Nursing website under "Sign up for Important Updates" to receive official notices and valuable regulatory information from the Georgia Board of Nursing.
9. **Country of Birth** - Provide the name of the country in which you were born.
10. **Native Language** - Please respond to questions (a), (b), (c), and (d).

Test of English as a Foreign Language (TOEFL)

Information about the TOEFL may be obtained from:

Educational Testing Services
P.O. Box 6151
Princeton, NJ 08541-6151
www.toefl.org
(609) 771-7100

The acceptable score for the TOEFL test is 540 paper or 207 computer based; If applicable, please request TOEFL to send the result directly to the Board office. The Georgia Board of Nursing code number is 9189.

11. **Commission on Graduates of Foreign Nursing Schools (CGFNS) Certificate or the Credentials Evaluation Service (CES) Health Care Professions Course-by-Course Report.**

Two options are available:

- a. Request the Commission on Graduates of Foreign Nursing Schools (CGFNS) to provide documentation of CGFNS certification directly to the Board office.
- b. Request the Commission on Graduates of Foreign Nursing Schools' (CGFNS) Credentials Evaluation Service (CES) to provide a Healthcare Professions Course-by-Course Report directly to the Board office. In addition, the Educational Testing Service must be requested to provide documentation of a score of 540 (paper) or 207 (computer) on the Test of English as a Foreign Language (TOEFL) directly to the Board office. Certain applicants may be exempt from the TOEFL requirement if they meet **all** of the following criteria: native language is English; country of initial nursing education was Australia, Bermuda, Canada, Ireland, Jamaica, New Zealand, South Africa, Trinidad, or the United Kingdom; language of instruction was English; and language of textbooks was English.

Please Note: International applicants who are currently licensed by endorsement in a United States jurisdiction shall be exempt from options (a) and (b).

Information about C.G.F.N.S. and C.E.S. may be obtained from:

Commission on Graduates of Foreign Nursing Schools
3600 Market Street
Suite 400
Philadelphia, Pennsylvania 19104-2651
Phone: (215) 222-8454; Fax: (215) 662-0425
www.cgfns.org

12. **Nursing Education** – The application includes Documentation of Nursing Education forms and Classroom and Clinical Information. Please send these forms to each nursing school attended. Transcripts and any supporting documents must clearly describe all classroom and clinical/practical nursing courses. The school must submit the official documents directly to the Board office. Documents must be in English or be accompanied by an English-language translation. If they are not in English, the Board will require you to provide the name of an authorized translator to whom the documents can be sent for translation into English at your expense. Educational documents are not accepted directly from an applicant. **In lieu of the above**, you may request that C.G.F.N.S., another licensing board, or an educational institution (other than the one from which you graduated) send a verified copy of the transcript to this office.

If the review of the CES Report and the official transcript indicates a curricular deficiency, you will be notified in writing of the need to complete a nursing course(s) (both classroom and clinical) before eligibility to take the NCLEX-RN can be determined. Upon passing the course, you must request the Institution's Registrar to send an official transcript directly to the Board office.

13. **Classroom and Clinical Nursing Courses** – Please check all applicable areas.
14. **Licensure as a Registered Nurse** – The application includes a Verification of Licensure form. It should be sent to the licensing/registration board, which can verify that the license to practice as a registered nurse is current, provide its expiration date, and respond to the disciplinary status. The name on the verification of license must be the same as the name on the application. The licensing/registration board must send the verification directly to this office. If you are currently licensed in a U.S. state which utilizes NURSIS, please complete the NURSIS form and send it with a fee to the address on the form.
15. **Previous Applications for Licensure** – (a) It is helpful to know whether an applicant has applied previously to the Georgia Board of Nursing because supporting documents, which are not subject to change such as transcripts, may be stored in the Archives. They can be retrieved and filed with a current application. (b) and (c) The Georgia Board of Nursing limits the period of eligibility to three (3) years from the date on which the NCLEX-RN was first written in any jurisdiction. Previous information about the NCLEX-RN history will be needed in order to process the application.
16. **Practice as a Registered Professional Nurse** – The Board requires information that you have practiced in another territory, province, state, district, or country as a registered nurse for three (3) months or 500 hours within the four (4) years immediately preceding the date of this application. An alternative to this would be graduation from a nursing education program within the four (4) years immediately preceding the date of this application.

If you do not meet the requirement, a Board-approved reentry program must be satisfactorily completed upon passing the NCLEX-RN and before issuance of a permanent license.

An applicant who must satisfy a curricular deficiency and who does not meet the practice requirement may satisfy the latter upon passing the required nursing course(s).

17. **Disciplinary Information** – Please respond to questions A. and B.
18. **Passport Photograph** – Please respond to directions and sign in the presence of a notary.
19. **Release of Information** – Please complete if applicable.
20. **Certification** – Please sign the application (given name followed by surname) in the presence of a notary.

RESULTS OF NCLEX-RN

The results of the NCLEX-RN will be sent to you from the Board of Nursing. Under no circumstances will an NCLEX-RN result be reported verbally.

- A. Any person practicing or offering to practice nursing or using the title registered professional nurse, as defined in §§ OCGA 43-26-2 et.seq., within the State of Georgia, shall be licensed as provided in OCGA §§ 43-26-2 et.seq.
- B. According to OCGA 43-26-3(6), (8) "Practice nursing" or "practice of nursing" means to perform for compensation, or the performance for compensation, of any act in the care and counsel of the ill, injured, or infirm, and in the promotion and maintenance of health with individuals, groups, or both throughout the life span. It requires substantial specialized knowledge of the humanities, natural sciences, social sciences, and nursing theory as a basis for assessment, nursing diagnosis, planning, intervention, and evaluation. It includes, but is not limited to, provision of nursing care; administration, supervision, evaluation, or any combination thereof, of nursing practice; teaching; counseling; the administration of medications and treatments as prescribed by a physician practicing medicine in accordance with Article 2 of Chapter 34 of this title, or a dentist practicing dentistry in accordance with Chapter 11 of this title, or a podiatrist practicing podiatry in accordance with Chapter 35 of this title. (8) "Practice nursing as a registered professional nurse" means to practice nursing by performing for compensation any of the following:
 - (A) Assessing the health status of individuals, groups, or both throughout the life span;
 - (B) Establishing a nursing diagnosis;
 - (C) Establishing nursing goals to meet identified health care needs;
 - (D) Planning, implementing, and evaluating nursing care;
 - (E) Providing for safe and effective nursing care rendered directly or indirectly;
 - (F) Managing and supervising the practice of nursing;
 - (G) Collaborating with other members of the health care team in the management of care;
 - (H) Teaching the theory and practice of nursing;
 - (I) Administering, ordering, and dispensing medications, diagnostic studies, and medical treatments authorized by protocol, when such acts are authorized by other general laws and such acts are in conformity with those laws;
 - (J) Administering medications and treatments as prescribed by a physician practicing medicine in accordance with Article 2 of Chapter 34 of this title, a dentist practicing dentistry in accordance with Chapter 11 of this title, or a podiatrist practicing podiatry in accordance with Chapter 35 of this title; or
 - (K) Performing any other nursing act in the care and counsel of the ill, injured, or infirm, and in the promotion and maintenance of health with individuals, groups, or both throughout the life span.
- C. **Either a Georgia registered nurse license or the temporary permit described above must be presented to the employer prior to beginning any nursing position (including orientation) for which current Georgia licensure as a registered professional nurse is required.**
- D. Any person who is licensed as a registered professional nurse shall identify that he or she is so licensed by displaying either the title "registered professional nurse" or "registered nurse" or the abbreviation "R.N." on a name tag or other similar form of identification during times when such person is providing direct patient care.
- E. Upon receipt of the license, the applicant should verify the accuracy of all information. Notify the Board in writing immediately if there is an error.
- F. Before an individual can practice as a certified nurse practitioner, certified registered nurse anesthetist, certified nurse midwife, or clinical nurse specialist, psych/mental health, they must possess APRN authorization from the State of Georgia. **A Georgia registered nurse license with an advanced practice specialty designation on its face demonstrates advanced practice authorization. The licensee is responsible for maintaining national certification.** Temporary or provisional authorization is not APRN authorization, but may provide temporary authorization to engage in advanced nursing practice if within the guidelines set by the GBON Rules and Regulations.
- G. An applicant must notify the Board in writing of an address change within thirty (30) days. If you fail to provide an address change, **your renewal notice will be returned as undeliverable to our office.**

Renewal is available on line at our web site during the renewal period starting in October of even years.

- H. **All Georgia RN licenses expire January 31st in odd-numbered years. The licensee is responsible for renewal of the license prior to this expiration date.** A renewal application is mailed in the fall of even-numbered years to the address on record. The Board should be contacted if it is not received by early October. **Please make note of the expiration date upon receipt of your license.**
- I. An applicant for licensure who has begun employment as a registered nurse in Georgia prior to issuance of a temporary permit or license shall be subject to a referral to the Professional Licensing Boards Division Legal Services or the Attorney General's office for a Consent Order, which may include a public reprimand and a fine.

Advanced Practice Registered Nurse Authorization

If you wish to engage in advanced nursing practice as a Certified Nurse-Midwife, Nurse Practitioner, Certified Registered Nurse Anesthetist and/or Clinical Nurse Specialist, Psychiatric/Mental Health you must be authorized by the Georgia Board of Nursing. To obtain authorization, you must complete and include the APRN application with this application. You must have current RN licensure in Georgia to obtain APRN authorization.

Enclosures:

Application for Licensure by Examination – 1
Licensure by Examination Information Sheet – 1
Documentation of Nursing Education – 2
Verification of Licensure as a Registered Nurse – 1
Results of Previous Licensing Examination(s) – 1
Candidate Bulletin - 1
Self Addressed Postcard (To Confirm Date of Receipt of Application by Georgia Board of Nursing) – 1